UNITED NATIONS

DP

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/DOM/3
13 December 2001

ORIGINAL: ENGLISH

First regular session 2002
28 January to 8 February 2002, New York
Item 10 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of the Dominican Republic

Proposed UNFPA assistance:	$4.5 million, $2.5 million from regular resources and $2 million through co-financing modalities and/or other, including regular, resources
Programme period:	Five years (2002-2006)
Cycle of assistance:	Third
Category per decision 2000/19:	C

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	Total
Reproductive health	1.5	1.4	2.9
Population and development strategies	0.8	0.6	1.4
Programme coordination and assistance	0.2	-	0.2
Total	2.5	2.0	4.5

DOMINICAN REPUBLIC

INDICATORS RELATED TO ICPD & ICPD+5 GOALS*

		Thresholds*
Births with skilled attendants (%)[1/]	96	≥60
Contraceptive prevalence rate (%)[2/]	64	≥55
Proportion of population aged 15-24 living with HIV/AIDS (%)[3/]	2.68	≤10
Adolescent fertility rate (per 1,000 women aged 15-19)[4/]	88.7	≤65
Infant mortality rate (per 1,000 live births)[5/]	34	≤50
Maternal mortality ratio (per 100,000 live births)[6/]	--	≤100
Adult female literacy rate (%)[7/]	81	≥50
Secondary net enrolment ratio (%)[8/]	109	≥100

*AS CONTAINED IN DOCUMENT DP/FPA/2000/14 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 2000/19.

1/ Electronic database, World Health Organization, December, 1999.
2/ United Nations Population Division, *Levels and Trends of Contraceptive Use as Assessed in 1998* (1999).
3/ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, June 2000.
4/ United Nations Population Division, *World Population Monitoring, 2000: Population, gender and development, 2001.*
5/ United Nations Population Division, *World Population Prospects: The 1998 Revision.*
6/ The World Bank, *World Development Indicators, 2000.*
7/ UNESCO, *Education for All: Status and Trends* series (1997, 1998, 1999 editions).
8/ UNIFEM, *Targets and Indicators: Selections from Progress of the World's Women* (2000), based on 1999 data from UNESCO.

Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 2001	8,507	Annual population growth rate (%)	1.50
Population in year 2015 (000)	10,137	Total fertility rate (/woman)	2.71
Sex ratio (/100 females)	103	Life expectancy at birth (years)	
Age distribution (%)		Males	64.4
Ages 0-1	33.5	Females	70.1
Youth (15-24)	19.9	Both sexes	66.9
Ages 60+	6.6	GNP per capita (U.S. dollars, 1998)	1770

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, *World Population Prospects: The 2000 Revision, Highlights;* GNP per capita is for the year 1998 from the UNDP, *Human Development Report 2000*, based on World Bank data (World Bank Atlas method).

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 2002-2006 to assist the Government of the Dominican Republic in achieving its goals in the areas of population and development and reproductive health. UNFPA proposes to fund the programme in the amount of $4.5 million, of which $2.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $2 million through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources. This would be UNFPA's third programme of assistance to the Dominican Republic, which is a "Category C" country under the Fund's resource allocation criteria.

2. The proposed programme was developed in close consultation with the Government, key non-governmental organizations (NGOs), agencies of the United Nations system and donor organizations, within the framework of government policies. In office since August 2000, the current Government has identified poverty reduction as one of its major priorities and is currently in the process of formulating a poverty reduction strategy. In February 2001, the Government launched its so-called Social Package, an initiative aimed at increasing government investment in social programmes to benefit the most vulnerable population groups. Ministries have since defined specific priorities in the areas of reproductive health, women's status and population and development that UNFPA would support through its new programme. These priorities are reflected in the Country Population Assessment (CPA) prepared in April 2001, in the absence of a completed Common Country Assessment (CCA). The CCA document formulated in 1999 was not approved by the previous and current Governments, and is currently under revision. A United Nations Development Assistance Framework (UNDAF) exercise was initiated in December 2000 but has yet to be completed. The proposed programme would be harmonized with the UNICEF programme cycle as of 2002 and with the UNDP programme as of 2003, at which time UNDP would initiate a four-year programme ending in 2006.

3. The UNFPA programme would provide support to various population-related priorities identified by the Government. In this regard, UNFPA would contribute to initiatives by the State Secretariat for Public Health (SESPAS) for the improvement of the sexual and reproductive health of the Dominican population, focusing particularly on: (a) the reduction of maternal mortality; (b) the management, treatment and prevention of HIV/AIDS; and (c) the reduction of adolescent pregnancy. Other initiatives targeted for UNFPA contribution have been developed with the State Secretariat for Women, including the reduction of domestic and gender-based violence and increasing the prominence of women in the social, political and economic spheres. In addition, the UNFPA programme would provide technical assistance to other population-related priorities identified by the Government, such as: (a) undertaking the eighth census; (b) formulating a national population policy; and (c) adjusting the law on migration, which constitutes a major challenge for the current administration.

4. The Dominican Republic recently moved from "Category B" to "Category C" under the UNFPA resource allocation criteria. Consequently, UNFPA support under the new programme will shift from assisting the country's two poorest regions to supporting the consolidation of the country's advances, with a greater emphasis on policy development. Nevertheless, given the considerable inequalities between regions and social groups, the programme would maintain some assistance to critically vulnerable groups. The progamme would: (a) support the central Government in order to institutionalize reproductive health policies and programmes in the context of the current health sector reform; (b) support policies by the secretariats for women and for planning that are aimed at strengthening commitments to the International Conference on Population and Development (ICPD) and ICPD+5 agendas; and (c) strengthen government initiatives that advocate for the integration of population and development dimensions into the planning process. Furthermore, in accordance with priorities expressed by the Government, UNFPA would also provide limited support towards the consolidation of a reproductive health model that has demonstrated achievements under the last programme cycle, namely in addressing the basic reproductive health needs of critically vulnerable population groups on the Dominican-Haitian border and in support of consolidating a contraceptive logistics management system in underserved geographical areas where notable benefits were obtained through UNFPA support in the last cycle.

5. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the ICPD Programme of Action, which was endorsed by the United Nations General Assembly through its resolution 49/128.

Background

6. The population of the Dominican Republic was 7.3 million in 1993, the year of the most recent census; it was estimated to have reached 8.5 million in 2001. The annual growth rate is estimated to have decreased from 2.9 per cent in 1990 to 2.6 per cent in 1995, reaching a level of 2.2 per cent in 2000. The total fertility rate has been declining from 7.4 children per woman in 1955 to 3.2 in the period 1993-1996, with differences of 2.8 for the urban areas compared with 4.0 for rural areas. The 1996 demographic and health survey (DHS) indicates that the fertility rate of college-educated women had declined to 1.9. According to recent estimates, contraceptive prevalence among women aged 15-49 years is 44.6 per cent and 63.7 per cent among women in union. Adolescent fertility accounts for a growing proportion of total fertility, having increased from 18 per cent to 23 per cent in the period 1990-1996.

7. External and internal migration are major factors in the Dominican Republic's demographic dynamics. It is estimated that at least 700,000 Dominicans have emigrated in the past three decades, mainly from the poorest sectors of the population. Immigration, meanwhile,

is mainly of Haitian origin. In 1994 it was estimated that the number of Haitians living in the Dominican Republic was approximately 300,000, of whom only 3,000 had legal documentation; however, current estimates point to total numbers of anywhere between 500,000 and one million. Most internal migration is conducted by working-age adults and is concentrated largely in urban areas.

8. According to the 1996 DHS, the infant mortality rate is 47 per 1,000 live births in Santo Domingo. The national maternal mortality ratio is estimated at 229 per 100,000 live births. However, a study by the General Epidemiology Directorate pointed to rates of underreporting of maternal deaths as high as 40 per cent, which would place the Dominican Republic in fifth place with regard to maternal and infant mortality rates in the Latin American and Caribbean region. These high rates are inconsistent with the very high proportion of institutional deliveries (95 per cent) and pregnant women receiving prenatal care (97 per cent). The contradiction is explained in part by training deficiencies of health-care providers. It should be noted that in geographical areas that have been the focus of UNFPA support for integrated reproductive health programmes, a significant reduction in the number of maternal deaths was recorded between 1999 and 2000.

9. As regards HIV/AIDS, the national strategic plan for 2000-2003 reveals an increase in the incidence of HIV infection in the past few years, particularly for the 15-24 age group. As of March 1999, this population group accounted for 22 per cent of all recorded infections. The overall prevalence of HIV infection is approximately 2.3 per cent. In 1987 the male/female ratio of HIV infection was 7:1, but by 1999 this ratio had changed to 2:1. The prevalence rate among pregnant women has reached 2 per cent at the national level, and in localities where tourism is high, prevalence has reached 5 per cent.

10. Although data for quantifying the incidence of domestic and gender-based violence is insufficient, there is ample evidence to qualify it as a major public health concern. A Santo Domingo women's centre attended to 1,500 cases of sexual aggression (65 per cent of the victims were under age 15) in 1999, and the Department for the Protection of Women received more than 4,000 complaints in one neighbourhood in the period 1997-1998. It should be noted however, that there have been significant legislative advances in this area, namely the approval of a law on domestic violence in 1997 that was largely promoted by the State Secretariat for Women. The Dominican Republic has recently ratified the facultative protocol of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW).

Previous UNFPA assistance

11. UNFPA initiated its activities in the Dominican Republic in 1974. The second country programme, from 1997-2001, contributed to the development of a strategy for the inclusion of a reproductive health programme in the regular SESPAS public health programmes – a change from the past when reproductive health had been an area separate from public health under the

responsibility of the National Council for Population and the Family (CONAPOFA). As reproductive health responsibilities were shifted to SESPAS, a model of service delivery based on improved quality of care through upscaled staff training, regular monitoring of providers and improved contraceptive delivery was put in place in a limited number of health regions with UNFPA support. A comparative study contrasting service data between UNFPA-supported and other health regions indicated significant improvements in the former. The country programme's support for the development of an adolescent reproductive health model, based on the use of peer educators and executed by NGOs, achieved excellent results, both in terms of level of knowledge of reproductive health in non-formal contexts, as well as in the incremental use of services in the area of intervention.

12. Other achievements of the reproductive health subprogramme in the geographical areas of intervention were: (a) reducing the number of infant and maternal deaths by 50 per cent between 1999 and 2000; (b) increasing the demand for family planning methods by 75 per cent; (c) increasing by 80 per cent the number of service centres for delivery care offering information, education and counselling for adolescents; (d) equipping 100 per cent of health establishments with documentation on reproductive health norms; (e) including sexual and reproductive health programmes in the health clinics of the national armed forces in an effort to promote male involvement in gender equity and prevention of violence; (f) increasing respect for gender equity and non-violence among service providers; (g) installing laboratory units for cytology and pathology as well as cervical cancer pathology, thereby reducing the delay of Pap smear results by 80 per cent; (h) developing manager and health provider competencies and management skills; (i) institutionalizing a UNFPA-funded adolescent reproductive health project by SESPAS; (j) increasing gender-equity awareness among adults and youth through various communications channels; and (k) closely coordinating with UNAIDS and other agencies on HIV/AIDS prevention and treatment initiatives.

13. Through the population and development subprogramme, the main achievements were: (a) active support and commitment by the Government to the ICPD+5 process; (b) finalization of the National Gender Equity Plan (PLANEG) for the period 2002-2004 by the Secretariat for Women; (c) the development of a diploma course in population and development; (d) increased knowledge gained through in-depth studies on various population-related topics; and (e) the creation of the State Secretariat for Women as a result of national efforts supported by technical assistance from UNFPA and UNDP.

14. The advocacy subprogramme allowed for the development of an advocacy strategy centred on follow-up actions to the ICPD. Programme activities contributed to sustaining the population debate in the agenda of legislators, government authorities and civil society as well as in training communicators in promoting the goals of the ICPD and ICPD+5 and in addressing objections raised by certain groups. In this process, UNFPA support to NGOs and women's groups has been a decisive factor. In brief, the key milestones of the last programme in the area

of advocacy were: (a) the consolidation and training of a media communicators network in the areas of population and reproductive health; (b) increased awareness of reproductive health topics by both civil society and decision makers; (c) heightened capacity to elicit appropriate and timely responses to criticism from opponents and attacks by the press; and (d) production and circulation of an information and reference manual for civil society on human rights.

15. The main lessons learned from the past programme include: (a) the significant reduction in the number of maternal deaths occurring in public establishments supported by the programme shows that improving key quality-of-care components has a direct and immediate impact on maternal mortality; (b) in project intervention sites, evidence points to the fact that sex education is not conducive to a more active sexual life – in fact, evaluation reports indicated an increase in the demand for services and self-care practices among adolescents in project areas; (c) the promotion of stakeholder participation led to the creation of both the State Secretariat for Youth and the State Secretariat for Women; (d) strengthening a critical mass of experts in population and development led to institutional strengthening and raised the interest of high-level decision makers with regard to population issues; and (e) the establishment of a network of media communicators regularly updated on population and development issues increased coverage of these topics as well as raising demand for services in target areas.

Other external assistance

16. During the period 1997–2001, the Dominican Republic received technical and financial support from the United States Agency for International Development (USAID) for reproductive health information, education and communication projects. The European Union contributed to the training of teachers in adolescent sexual and reproductive health. Coordinated support by USAID, the European Union and UNAIDS was provided for the formulation of the national strategic plan on sexually transmitted infections (STIs) and HIV/AIDS.

17. Coordinated support by the United Nations system has been provided to the Platform for Action for the Advancement of Dominican Women 1995-2001 and has helped the State Secretariat for Women in designing short-, medium- and long-term plans of action designed to promote policies for women's development.

18. Donors have emphasized the need for further strengthening coordination among agencies and improving synergies to optimize the use of reduced resources in the new programme cycle. With this perspective in mind, UNFPA would coordinate its activities in the reproductive health subprogramme framework with German Technical Cooperation (GTZ), the Pan-American Health Organization, USAID, the European Union, the Spanish Cooperation Agency, UNAIDS, as well as with international NGOs. Under the population and development subprogramme, UNFPA would strengthen alliances with the Spanish Cooperation Agency, the Inter-American Development Bank, USAID and the International Organization for Migration.

Proposed programme

19. The overall goal of the proposed programme would be to contribute to the Government's sustainable development priorities by improving the quality of life of the Dominican population through attention to their sexual and reproductive rights and needs and through enhanced integration of population variables into development planning. UNFPA assistance would be channelled through two subprogrammes in the areas of reproductive health and population and development strategies, with advocacy as a cross-cutting dimension in both subprogrammes. The programme would address emerging issues related to HIV/AIDS and migration. The programme would have components executed at the central level as well as the provision of limited support to the consolidation of reproductive health models in three priority health regions. The programme would build upon achievements and lessons learned during the past cycle, namely with regard to advances in legislation related to adolescent and women's health, the use of media networks and the development of a critical mass of experts in advocacy activities related to population and development.

20. Reproductive health. The purpose of the reproductive health subprogramme would be to contribute to the improved sexual and reproductive health of the Dominican population. This would be achieved through the consolidation and institutionalization of the reproductive health model used in selected health regions by SESPAS under the previous programme, with a focus on reducing maternal morbidity and mortality, preventing adolescent pregnancy and HIV/AIDS, and ensuring the sexual and reproductive rights of adolescents, men and women.

21. The first output would be strengthened institutional capacity at the central level (SESPAS) to implement and expand reproductive health programmes. To this end, UNFPA would support: (a) training of central-level health-care planners and managers in reproductive health and rights and gender equity; (b) management training of professionals who had not benefited from training programmes conducted during the previous cycle; (c) transfer of the management training model to SESPAS; (d) promotion of agreements between SESPAS, the deans of medical schools, the Dominican Medical Association and external cooperation agencies for the review of the medical school curricula in order to facilitate the inclusion of population and development, reproductive rights, and gender concerns; (e) promotion of the formulation of a national reproductive health policy; and (f) restructuring of the current maternal and infant health department into a reproductive health department.

22. The second output would be increased access by potential beneficiaries in intervention areas to integrated and quality reproductive health services, in accordance with technical norms already developed and officially approved. In order to ensure integrated services, health personnel would be trained in the use of certified reproductive health service delivery norms and support would be provided for the timely and continuous procurement and distribution of

contraceptives. Information, education and communication (IEC) activities aimed at promotion of sexual health and prevention of STIs and HIV/AIDS would be coordinated with other United Nations agencies. UNFPA would support the national AIDS prevention programme in the development and implementation of a national logistics system for condoms and other barrier methods.

23. The third output would be increased access by adolescents and youth in the target areas to education and integrated attention to their reproductive health. Assistance would be provided for the institutionalization of the adolescent reproductive health model developed in the previous programme cycle. At the community level, efforts by SESPAS to incorporate adolescent health programmes that include reproductive health education and services, prevention of STIs, HIV/AIDS and violence in primary health-care services would be supported. Community health educators at the primary care level would be trained in reproductive health concepts and methodology, with an emphasis on adolescent reproductive health, including on prevention of early pregnancy and HIV/AIDS, and on male responsibility and participation. Coordination between information programmes and the provision of services would be ensured through the use of the network of youth peer educators, organized community groups, and relevant NGOs, in collaboration with governmental institutions. Youth participation in designing and implementing IEC activities at the community level would be given high priority. UNFPA would support the review of existing reproductive health and population-related materials and activities in the formal education system, as well as offer technical assistance to the State Secretariat for Education in examining modalities to include sex education in the school system.

24. The fourth output would be a communicators network in intervention areas informed on key concepts of population and development, sexual and reproductive rights and gender equity. Support would be provided to strengthen the media communicators network set up during the past programme cycle, both in the capital and in the programme intervention areas, and to develop mechanisms for long-term sustainability of the network, with the aim of ensuring its contribution to education activities and increasing its advocacy role with regard to population-related issues. Alternative communication and education networks would be identified and trained as a means towards improving and updating their personnel's knowledge of population issues.

25. The fifth output would be the increased capacity of service providers and reproductive health counsellors to provide adequate professional attention to cases of gender violence in the programme intervention areas. To this end, technical assistance would be provided towards the implementation of the law on domestic violence that provides for the detection and referral to appropriate medical services and legal instances of victims of domestic violence through: (a) training of primary- and secondary-level service providers, with particular attention to male health workers; (b) training of the armed forces and national police; and (c) inclusion of conceptual and methodological approaches to prevention and specialized attention to gender-

based and domestic violence into reproductive health IEC programmes and other public health programmes.

26. The sixth output would be a network of population experts organized and active in clarifying, supporting and promoting population issues. In addition, with the support of CONAPOFA, scientific organizations and civil society, an easily accessible and user-friendly "argumentation database" on population and reproductive health issues would be established to provide updated concepts, definitions and scientifically founded arguments to facilitate well-informed participation in public debates on population issues, including ethics and reproductive health.

27. Population and development strategies. The purposes of the population and development strategies subprogramme would be to contribute to equitable human development through the enhanced integration of population variables into development plans and programmes as well as by strengthening population and development-related institutions. It should be mentioned that CONAPOFA has been assigned a new role by the Government: to coordinate population and development activities, including population-related strategic research and planning.

28. The first expected output would be the improved capacity of CONAPOFA to incorporate the population perspective into the national poverty alleviation strategy and to produce studies and develop scenarios that illustrate the impact of demographic dynamics on the demand for basic services and on the labour force. To this end, mechanisms promoting contributions from professionals of different disciplines would be promoted. Moreover, the integration of population and development strategies and gender equity into government plans and programmes would be promoted through the establishment of an inter-institutional group on education and advocacy strategies in population and development. CONAPOFA would also focus on identifying key decision makers and raising their understanding of population factors in social development.

29. The second ouput would be the availability of reliable information related to population dynamics and their impact on social development and poverty alleviation. UNFPA would support the National Statistical Office through education and advocacy to create the necessary conditions for the effective analysis, processing and dissemination of census results. This support would pave the way for the establishment of a database and indicators disaggregated by gender and of an updated national system of socio-demographic data. This result would be achieved through technical assistance and the involvement of the media communicators network.

30. The third output would be a reviewed and regulated law on migration and a policy that addresses the fundamental rights of migrant women and men. To this end, a multisectoral committee would be formed, composed of governmental organizations, international cooperation

agencies and NGOs to review the law on migration and its regulations in order to adjust the law in accordance with the current economic and social context.

31. The fourth output would be the development of a national population policy that addresses migration issues. To this end, UNFPA would contribute to promoting consensus building and concerted efforts by key government and civil society actors to jointly analyse a population policy proposal and incorporate into it national priorities in the areas of population and development and reproductive health. This adjusted proposal would be presented to high-level government officials for approval and subsequent dissemination among stakeholders involved in its implementation.

32. The fifth output would be an operational system of supervision, monitoring and evaluation of the PLANEG. UNFPA would provide technical assistance to the design of this system through the revision and adjustment of verification mechanisms for PLANEG implementation. In addition, training would be provided to key technical staff responsible for strategic planning, implementation and monitoring of the PLANEG.

Programme implementation, coordination, monitoring and evaluation

33. The proposed programme would be implemented largely under national execution, in close coordination with the National Planning Office of the Technical Secretariat of the Presidency. One of the main characteristics of the programme would be its reinforcement of inter-institutional linkages and strengthened collaboration between the Government and NGOs.

34. The reproductive health subprogramme components would be executed by SESPAS in certain health regions and the peripheral areas of Santo Domingo. As mentioned above, joint activities would be conducted with bilateral donor agencies and international NGOs in the areas of sexual and reproductive health promotion, education and services. Furthermore, implementation would involve collaboration between the Government and national NGOs and other United Nations system agencies.

35. The population and development subprogramme would be implemented by CONAPOFA with regard to advocacy components and revision of the law on migration and in collaboration with the National Statistical Office as regards components related to socio-demographic data and information and the establishment and maintenance of an information database. A monitoring, supervision and evaluation plan for the gender equity plan would be established by the State Secretariat for Women with support from UNFPA.

36. The overall monitoring and evaluation of the programme would be a joint effort between the Technical Secretariat of the Presidency, through the National Planning Office, and the UNFPA local office. The oversight of the reproductive health subprogramme, in particular,

would be led by the intersectoral coordinating committee of SESPAS, which is chaired by UNFPA. Government and NGO implementers, along with stakeholders, would monitor the day-to-day progress of subprogrammes, using a results-based approach. UNFPA staff would undertake periodic monitoring visits to the areas of interventions in the field. Sectoral diagnosis and baseline studies in population-related areas, including the DHS, would be the main sources of quantitative measures for the programme. A midterm review of the programme would take place in 2004, and a final evaluation would be undertaken in 2006.

37. The UNFPA country office professional staff includes an Assistant Representative and a Senior Programme Assistant. The General Service staff is made up of a finance/administrative assistant, a secretary and a driver. In addition, one national professional project staff member coordinates actions in the area of reproductive health. The UNFPA non-resident Country Director for the Dominican Republic is based in Mexico City. The coordination and assistance costs for the proposed programme have been estimated at $250,000 from regular resources.

Recommendation

38. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of the Dominican Republic, as presented above, in the amount of $4.5 million for the period 2002-2006, $2.5 million of which would be programmed from UNFPA's regular resources to the extent that such resources are available, and the balance of $2 million would be sought through co-financing modalities and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 2000/19 on the allocation of UNFPA resources.

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